

[Prescriber's Letterhead]
[include practice address, phone and fax]
[Prescriber's NPI and DEA numbers]

[Date]

[Addressee]

RE: Attestation Regarding My Patient's Prescription Order

Dear Sir/Madam,

I, the undersigned physician, prescribed the below-listed order for my patient, the prescription for which have been ordered to _____, located at _____:

Patient's Name: _____

Patient's Date of Birth: _____

Patient's Address: _____

Medication Prescribed: _____

Prescription Date/Date of Service: _____

Medication Strength: _____

Directions for Use: _____

Quantity Ordered: _____

Number of Refills: _____

Should you have any questions, please do not hesitate to contact me at _____.

Sincerely yours,

[must be signed by the prescriber]